United Nations E/ICEF/2000/P/L.6/Add.1

Economic and Social Council

Distr.: Limited
20 July 2000

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2000
18-20 September 2000
Item 3 of the provisional agenda*

Country programme recommendation**

Ghana

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Ghana for the period 2001 to 2005 in the amount of $17,165,000 from regular resources, subject to the availability of funds, and $42,835,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2000/4.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-54864 (E) 240800

Contents

	Paragraphs	Page
The situation of children and women	1-6	3
Programme cooperation, 1996-2000	7-12	3
Recommended programme cooperation, 2001-2005	13-34	5

List of tables

1. Basic statistics on children and women ... 11
2. Expenditure under previous cooperation period, 1996-2000 ... 13
3. Planned yearly expenditures ... 14
4. Linkage of programme budget and staffing/staff costs ... 15

The situation of children and women

1. The analysis of the situation of children and women remains essentially as described in the country note submitted to the Executive Board at its first regular session of 2000 (E/ICEF/2000/P/L.6). New findings and details have emerged, however, since submission of the country note.

2. Political stability in Ghana is most likely to continue throughout the upcoming presidential elections in December 2000. The country note highlighted that, even though significant gains have been achieved in the reduction of the infant mortality rate (IMR) and under-five mortality rate (U5MR), serious regional disparities persist between the northern and southern parts of the country in many social development indicators. The recent Ghana Living Standards Survey revealed that poverty decreased by 8 per cent during the period between 1991/92 and 1998/99, but increased by 7 per cent in the Northern Region and by 25 per cent in the Upper East Region. The incidence of poverty in the three regions in the north of the country ranges from 70 to 90 per cent, compared to the national average of 43 per cent.

3. Disaggregated data from the 1998 Ghana Demographic and Health Survey show that while the national rate of supervised deliveries has reached 69 per cent, 55 per cent of women in the rural north deliver unassisted at home. Nationwide, 25 per cent of children under 5 are classified as underweight (moderate and severe), while in the three northern regions, the figures range from 34 to 38 per cent. Prevalence of fever and acute respiratory infections (ARI) is considerably higher in the Northern and Upper East Regions, and while 28 per cent of households nationwide consume iodized salt, consumption is only around 14 per cent in these two regions. Such disparities are attributed to poverty, to lack of or low utilization of services, and low level of literacy. Around 70 per cent of females and 60 per cent of males six years old and above in the three northern regions have received no formal education whatsoever, compared to 20 to 30 per cent of females and 9 to 20 per cent of males in all other areas.

4. Since 1986, approximately 95,000 cases of AIDS have been reported, 5.5 per cent among the 0-19 age group. Children up to the age of four accounted for the largest number of cases of antenatal and perinatal transmission. Between 1994 and 1998, the number of national sentinel sites reporting HIV sero-prevalence rates of at least 4 per cent among women seeking antenatal care increased from 4 to 6. A baseline study on HIV/AIDS conducted in three targeted regions revealed that youth are aware of the risks of HIV/AIDS, but reluctant to adopt the changes in behaviour necessary to reduce transmission.

5. A 1999 national study indicated that violence is a reality for a substantial number of Ghanaian women and children, in their families, communities and schools. Girls between the ages of 10 and 18 are most at risk of sexual violence. For 20 per cent of women, the first experience of sexual contact is by force. Two out of three girls and women do not report sexual violence, mainly due to feelings of shame, advice given to them to be tolerant, and the fact that very little action is taken when crimes are reported.

6. Adolescents from Accra and northern Ghana who took part in participatory situation assessments and planning workshops supported by UNICEF emphasized the need to increase awareness of child rights among children, parents and the general public. The main issues raised were lack of access to and low quality of education; the need for improved access to information and services on reproductive health, sexually transmitted diseases (STDs) and HIV/AIDS; and protection against harmful practices, such as early marriage and traditional fosterage systems that often undermine their right to education.

Programme cooperation, 1996-2000

7. The 1996-2000 country programme of cooperation focused on implementation of the National Plan of Action, in order to realize the goals of the *World Summit for Children*. Under health sector reform, UNICEF provided technical assistance in the development of the Medium-term Health Strategy and Five-Year Programme of Work, in collaboration with such partners as the Department for International Development of the United Kingdom (DfID), the World Bank and the Danish International Development Agency (DANIDA). UNICEF support in health and nutrition was instrumental in achieving a sustained rise in the number of children fully immunized by the age

of one (from 47 per cent in 1988 to 62 per cent in 1999). Immunization against polio reached close to 100 per cent, and vitamin A supplementation reached 90 per cent of all children under 5. At the subnational level, the quality and accessibility of maternal and neonatal care improved through training of health workers and traditional birth attendants in obstetric care and control of infections. A recent survey showed that the incidence of fever in 41 focus communities where malaria prevention interventions were carried out was around 18 per cent lower than in other communities. In partnership with World Vision International, a major water supply system was installed in a town in the Northern Region with a high incidence of dracunculiasis, providing 20,000 people with access to safe water. A recent external evaluation found that a community-based surveillance system, which was established in the Northern Region to track infant and maternal deaths and communicable diseases, was very successful in bringing health care closer to communities.

8. In 1998, under education sector reform, theme groups on management efficiency, access and participation, and quality of teaching and learning were created to improve implementation of the 1996-2005 free compulsory universal basic education (fCUBE) plan, in collaboration with such partners as the United States Agency for International Development (USAID), DfID and the World Bank. UNICEF leads the theme group on access and participation. UNICEF support to national-level advocacy and policy development increased government support of girls' education and helped formulate a draft national policy on early childhood care and development. The UNICEF-supported Child-School-Community Project in Education (CHILDSCOPE), which uses community-based, participatory learning and action and child-to-child methods, was successful in both increasing enrolment and improving teaching and learning. All 50 communities in the pilot district achieved near 100 per cent enrolment of boys and girls. Results from a nationwide baseline test in 1998 showed that students in CHILDSCOPE schools performed 41 per cent better than the national average in English and 21 per cent better in mathematics. The project was expanded to three districts in northern Ghana in 1998 and is now regarded as a model in the country for similar interventions by other donors.

9. The urban component of the community-based development programme provided preventive and development services for children living on the street and out-of-school youth, in the areas of health, education, sanitation and vocational and life skills training, through non-governmental organizations (NGOs) and the Accra metropolitan government. Approximately 20,000 vulnerable women and girls were provided with antenatal and postnatal care and health education, and their babies were fully immunized. Sponsorship was provided to 250 children living on the street for formal education or apprenticeship. UNICEF advocated for municipal and district-wide planning for a rights-based, child-friendly environment, through the promotion of the child-friendly environment initiative. The need for increased government commitment to enable women and children requiring special protection to have proper access to health care and education was identified.

10. The rural component of the community-based development programme focused initially on capacity-building in three districts in the Northern and Upper East Regions, and expanded to three more districts, following the recommendation in 1998 of the country programme mid-term review. The programme was built on an integrated strategy of child survival, protection and development, which used the triple-A approach (assessment, analysis and action) in 141 focus communities. Activities took place in the areas of health care, education, water and sanitation, food security, nutrition and income-generating activities. Studies that compare the situation of children in focus communities with those in other communities demonstrated that the project has been successful in the reduction of diarrhoea and fever among children and in the increase of immunization coverage. The project has been less successful in the eradication of dracunculiasis and the reduction of malnutrition, which indicates that integrated delivery of services and social mobilization for behavioural change must be intensified and more focused.

11. Through social mobilization, advocacy, research and monitoring, UNICEF contributed to the enactment of the Children's Act and the Criminal Code Amendment Act in 1998, a crucial step towards the realization of child rights in the country. A comprehensive database on Ghanaian children was developed. Bearing in mind the low practice of prevention of STDs and HIV/AIDS, in a country where

awareness of the pandemic is high, a peer education strategy was undertaken among children living on the streets, commercial sex workers and in-school and out-of-school youth in Accra and two regions in the north. This initiative proved effective in reaching 112,000 youth.

Lessons learned from past cooperation

12. The lessons learned remain essentially the same as described in the country note. Until the 1998 mid-term review, programme activities were geographically dispersed and there was a lack of synergy among sectoral programme activities. Certain expected results, therefore, were not achieved, especially in the area of nutrition, where strategic integration of sectoral interventions is crucial. The importance of programme integration and multisectoral team-building was recognized, and recommendations were made to concentrate activities in the most disadvantaged areas, to intensify service delivery (combined with capacity-building and social mobilization), and to strengthen partnerships in the focus areas.

Recommended programme cooperation, 2001-2005

Regular resources: $17,165,000
Other resources: $42,835,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Rights promotion and protection	1 500	5 800	7 300
District and community capacity enhancement	1 300	1 500	2 800
Health	4 981	25 100	30 081
Nutrition	2 000	4 600	6 600
Education	4 519	5 121	9 640
Cross-sectoral costs	2 865	714	3 579
Total	**17 165**	**42 835**	**60 000**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

13. The Ministry of Finance coordinated the preparation of the proposed 2001-2005 country programme, which was developed based on the situation analysis of children and women and the second Common Country Assessment (CCA). It builds on the experiences and lessons learned from the previous country programme and reflects government priorities as set out in the national development policy framework — Ghana Vision 2020 — and UNICEF priority actions for children. In the process of strategy development, extensive review meetings and consultations were carried out with government and NGO counterparts, other United Nations agencies and bilateral donors, ensuring compatibility and complementarity with other development programmes within the framework of the United Nations Development Assistance Framework (UNDAF) and the Comprehensive Development Framework (CDF).

14. Consultations with in-school and out-of-school adolescents, children living and working on the streets, youth engaged in commercial sex work, and women and girls from rural communities in the north were built into the situation assessment and planning process of the country programme. A total of 120 children took part in the participatory assessments and planning workshops. Their recommendations were presented at the 1999 Government of Ghana/UNICEF annual

review and are reflected in the Master Plan of Operations and the Programme Plans of Operation.

Country programme goals and objectives

15. The overall goal of the country programme is to contribute to the achievement of the national goals of survival, development, participation and protection of children and women in Ghana. The three country programme objectives are: (a) to contribute to maternal well-being and early childhood care for survival, growth and development (ECC-SGD), increasing the number of children reaching the age of 6, physically and mentally healthy, socially alert and able to learn; (b) to contribute to sector-wide efforts in providing equitable access of all children to quality basic education; and (c) to support children in need of special protection, especially vulnerable adolescents, to cope with their difficult life environment and improve their well-being and development.

Relation to national and international priorities

16. The strategic framework of the 2001-2005 country programme is based on the universal realization of children's and women's rights. It builds upon proven strategies to contribute to the accomplishment of the World Summit for Children and National Plan of Action goals, within the context of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The proposed programme takes full advantage of the enhanced policy environment resulting from the sectoral reforms in health and education, and decentralization within the Government.

17. The country programme goals contribute to the long-term objectives of socio-economic development under Ghana Vision 2020 to improve quality of life, expand opportunities, increase access by the poor to basic social services, and strengthen capacity in economically disadvantaged regions, communities and groups. It supports the implementation and enforcement of legal measures related to children and women.

18. The three country programme objectives reflect the overall organizational priorities of UNICEF as indicated in the medium-term plan for 1998-2001 and UNICEF priority actions for children. The objectives correspond to the three main phases of the life cycle, thus focusing on ECC-SGD, access to and quality of primary education, and adolescents.

Programme strategy

19. The programme strategies remain essentially the same as described in the country note. The proposed country programme embraces the sector-wide approach (SWAP) in programming and positions UNICEF to add value to efforts by other development partners, in particular in the country programme's emphasis on community-based strategies and a multisectoral approach, thus preventing SWAPs from becoming too narrow in focus. UNICEF experience and expertise in integrated development, and the lessons learned from its community-based interventions, will enrich the SWAPs. Furthermore, the UNICEF focus on deprived regions of northern Ghana and groups of children in need of special protection (strategies resulting from rights-based programming) will bring additional value to the SWAPs in addressing equity issues.

20. Three multisectoral components are identified in the country programme: integrated community-based development (ICBD), ECC-SGD, and HIV/AIDS and adolescents. These are areas where inter-ministerial government structures exist, and where cross-sectoral integration is particularly crucial for the design of effective interventions. Under the ICBD component, capacity-building and service delivery interventions will be targeted in regions, districts and communities of northern Ghana where significant deficits have been observed in child survival and development indicators. The ECC-SGD component will undertake national policy development and advocacy, as well as community-based early childhood development, thus establishing a link between grass-roots experience and national policy development. HIV/AIDS prevention and management will be mainstreamed throughout the country programme, with components such as policy development and advocacy (under the umbrella of the United Nations Joint Programme on HIV/AIDS), reproductive health, youth peer education, and specific interventions for groups of adolescents and women at high risk. Activities related to social mobilization and

monitoring and evaluation will be integrated into, and tailored to, the needs of each programme.

21. *Rights promotion and protection.* Ghana has submitted one report on the implementation of the Convention on the Rights of the Child and two reports on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women to the relevant United Nations committees. The emphasis will now move from legal reform to implementation and enforcement of new laws. The programme will, at the national level, raise awareness of children's and women's rights and promote broader-based support for the implementation of the Conventions and related national legislation, through strengthening of the Child Alliance and partnerships with existing networks and groups promoting women's rights. Skills development and service delivery will be carried out to improve the well-being and development of selected groups of children in need of special protection, in Accra, urban and rural areas of northern Ghana, and districts with high HIV/AIDS prevalence rates.

22. The Ministry of Employment and Social Welfare will be responsible for overall coordination of the programme. The rights promotion project will be led by the Ghana National Commission on Children (GNCC), and will carry out national-level monitoring and advocacy of children's and women's rights, alliance building and coordination among key government agencies, Parliament, donors and civil society. The project will build on an existing child-friendly environment initiative. Training in the rights of children and women will be given to service providers, the police, the military and the judicial system to ensure proper protection and treatment of children and women in all circumstances. The child protection project will work closely with the Department of Social Welfare and relevant NGOs to provide alternative forms of basic services and life skills to specific focus groups, including working children, children living in the streets and adolescents at high risk of STDs and HIV/AIDS, while promoting the mainstreaming of these services into the government service delivery system. The programme will support children's participation in assessment, analysis and action, and place emphasis on making critical data available through the enrichment of the database on children. Regular resources will be focused in the area of advocacy and capacity-building, whereas other resources will be raised to cover service delivery components.

23. *District and community capacity enhancement (DCCE).* DCCE is the new name for the ICBD component contained in the country note. The name has been changed to avoid confusion with the ICBD multisectoral component of the country programme. The DCCE programme is a response to mid-term review recommendations on the need for intensification of the community-based strategy and enhanced focus on multisectoral interventions. The programme will strengthen the capacity of six districts in the Northern and Upper East Regions, covering more than a million persons, in policy-oriented planning, monitoring and evaluation, to address the problems of child survival, development, protection and participation. By the year 2005, the programme is expected to reach approximately 850 communities, equivalent to 50 per cent of all communities in the 6 focus districts, in the development and implementation of community action plans to improve the situation of women and children. Traditional communication channels, the media and the community-based approach will be used to increase advocacy and social mobilization for behavioural change.

24. Under the multisectoral component of ICBD, the DCCE interventions are designed to go hand in hand with services delivered by other UNICEF-supported programmes in health, water and sanitation, nutrition, food security, education and income generation. Progress on ICBD will be measured by process indicators under the DCCE programme, and outcome and impact indicators under the sectoral programmes, which include specific targets for each focus district. A national steering committee led by the Ministry of Local Government and Rural Development, and consisting of relevant sectoral ministries, will be responsible for the implementation and monitoring of the ICBD component and the DCCE programme. The programme will contribute to the improvement of decentralized development policies by bringing concrete experiences and results from the district and communities to national policy development forums. The DCCE programme is at the base of the country programme architecture, and therefore will rely substantially on regular resources.

25. *Health.* The health sector in Ghana has embarked on sector-wide reform to achieve its national goals. The health programme outlines UNICEF contributions

to the Ministry of Health sector-wide strategic framework and programme of work, which was developed in collaboration with other partners such as DANIDA, DfID, the Government of the Netherlands, the European Union, the World Bank and the World Health Organization (WHO). UNICEF contributions reflect its comparative advantage and focus on common childhood diseases and disabilities (through the child health promotion and disease control project), and risk factors for maternal deaths (through the maternal and infant health project). The programme will support nationwide initiatives such as Roll-Back Malaria and the Integrated Management of Childhood Illness (IMCI) initiative, elimination of maternal and neonatal tetanus, eradication of polio and dracunculiasis, expansion of the community-based surveillance system to all regions, and the achievement and retention of 90 per cent immunization coverage. The environmental health project will target the reduction of water- and excreta-related diseases by 25 per cent in the focus districts. It will promote the use of low-cost technologies and emphasize school sanitation. In partnership with key development partners supporting the water sector in northern Ghana, such as the Canadian International Development Agency (CIDA) and *Coopération française*, UNICEF will continue to give priority to communities affected by dracunculiasis by providing safe water.

26. At the national level, the health programme will continue to provide technical assistance in policy development and to advocate for increased investment in public health and service delivery, within the reform agenda, to achieve measurable results. UNICEF will emphasize the need to address equity and universality in the right to health. The geographic focus will be northern Ghana – with a regional and district emphasis. Service delivery, social mobilization and capacity-building interventions will aim to reduce regional disparities in child survival indicators. The programme will strengthen linkages and partnerships with NGOs, private sector providers, local institutions and communities, to improve service delivery and utilization. It will aim to increase coverage by health facilities providing essential obstetric care from 20 to 50 per cent and to improve access by adolescents to information, counselling and management of STDs and HIV/AIDS. In districts with high prevalence rates, support will be provided to curb mother-to-child transmission. While regular resources will be used primarily for capacity-building and policy development, other resources will be raised to fund the UNICEF contribution to national-level campaigns in such areas as vaccination and disease surveillance and control.

27. *Nutrition.* This programme will provide technical assistance to the nutrition unit of the Ministry of Health for improved national policy development and advocacy in key areas affecting maternal and child nutrition. Learning from previous experiences, the programme will place increased emphasis on nutrition education, focusing on feeding, care practices and dietary adequacy, as well as on food-based approaches to control micronutrient deficiencies. The programme will use a mix of strategies - direct service delivery, capacity-building and community mobilization - in the six focus districts, while ensuring national advocacy on the right to nutrition, and national coverage in micronutrient supplementation and salt iodization. The young child and maternal nutrition project seeks to increase the number of children who are exclusively breastfed up to six months of age, from less than 10 per cent to 50 per cent, and who receive timely complementary feeding, from less than 70 per cent to 90 per cent, in all focus districts. It also aims to improve the quality and utilization of food and ultimately to improve the nutritional status of children under five, adolescent girls and women in the reproductive age group. The control of micronutrient deficiencies project seeks to increase household consumption of iodized salt to 60 per cent nationally and 80 per cent in the focus districts, and to reduce vitamin A deficiency in children under 5 and anaemia in pregnant women and children under 5 by 20 per cent nationally. The household food security project, also at district level, seeks to empower women from households without food security by providing credit and training, through rural financial intermediaries. Where women decide to increase income through agricultural activities, collaboration with NGOs and agricultural extension staff will promote agro-ecological approaches. Activities targeting policy development, advocacy and behavioural change will rely mainly on regular resources, whereas interventions related to household food security and micronutrient supplementation will be financed from other resources.

28. *Education.* Under the Ministry of Education SWAP, the programme will strengthen government capacity and advocacy in order to generate wide acceptance of the integrated, holistic ECC-SGD

concept, maintain public and policy maker interest in girls' education, and address the priority needs and rights of vulnerable groups of children excluded from mainstream educational services. This will be done in close collaboration with development partners, such as DfID, USAID, the European Union and the World Bank. CHILDSCOPE will continue its community-based activities, combined with capacity-building of district officials, school heads and teachers, to increase enrolment and completion rates of primary school children, especially girls, by 10 per cent and performance rates by 15 per cent in the six focus districts. The early psychosocial and intellectual stimulation (EPSIS) project will develop community-based approaches for children up to the age of eight. Social mobilization and empowerment will be emphasized to enable communities to take positive, informed action on their children's education and psychosocial development. Twenty-five per cent of the country programme's allocation in regular resources has been earmarked for education. The number of schools and communities covered by the programme will be adjusted to match the other resources raised for the sector.

29. *Cross-sectoral costs* cover technical support in the areas of social mobilization, monitoring and evaluation, and general programme planning and coordination.

Monitoring and evaluation

30. The integrated monitoring and evaluation plan (IMEP) and the programme/project "log-frames" are the principal monitoring and evaluation tools. The IMEP includes: evaluations of the ICBD component, CHILDSCOPE and IMCI as part of the mid-term review in 2003; and, in 2004, certification of polio and *Dracunculiasis* eradication, and repetition of the surveys undertaken in 1999 and 2000 in the focus districts. Indicators for assessing progress towards the overall country programme goals, multisectoral objectives of ICBD, ECC-SGD, HIV/AIDS, and the individual programme/project objectives will be monitored and reviewed periodically to improve planning and implementation. Data will be disaggregated by relevant variables. The main indicators to measure the progress of the overall country programme are IMR and U5MR, primary school enrolment rates, and the percentage of established child rights monitoring indicators with improved rates. Youth and community participation in monitoring, assessment, analysis and planning will continue to be used to ascertain relevant impact of programme design and implementation. The database on Ghana's children will be maintained by the Ghana National Commission on Children and will be updated annually. Annual project plans of action will be elaborated and annual programme reviews conducted to measure results.

Collaboration with partners

31. Existing partnerships with bilateral and multilateral agencies will be strengthened in the new country programme through periodic consultations and joint field visits. Examples of bilateral partnerships that are expected to assist UNICEF in raising other resources for the country programme include: the Government of the Netherlands (community-based development); DfID, USAID and the Government of Japan (child health); and CIDA (education). New partnerships will be developed with the Government of Denmark and DfID in addressing equity issues in the health sector. UNICEF Ghana has established strong partnerships with several National Committees for UNICEF and expects to receive funds from such partnerships as the Global Alliance for Vaccines and Immunization (GAVI) and the United Nations Foundation.

32. In the area of advocacy and rights promotion, UNICEF will work closely with a number of civil society organizations active in the area of child rights. Partnerships established with NGOs in the implementation of the rights promotion and protection programme will be continued and strengthened. UNICEF will also expand its collaboration with national institutions, such as the University of Development Studies in northern Ghana, to further the knowledge of issues related to children and women.

33. The preparation of a new CCA (1999) and UNDAF (2001-2005) has enhanced the cooperation of United Nations agencies, particularly in the areas of gender, HIV/AIDS, reproductive health, education and child labour. Under the emerging collaborative framework, UNICEF partnership with United Nations agencies, particularly the United Nations Development Programme, United Nations Educational, Scientific and Cultural Organization, United Nations Population

Fund, World Bank, World Food Programme and WHO, will improve further. UNICEF actively participates in several sectoral and thematic groups under the CDF and is the lead focal agency for education.

Programme management

34. The Ministry of Finance will coordinate the implementation and review of the overall country programme, including joint annual reviews with government, NGO and other relevant partners, to review achievements and constraints and to make adjustments as required. Consultations with other United Nations agencies, bilateral donors and major partners will take place during milestone review and planning sessions, to ensure compatibility with government priorities and complementarity in the context of the UNDAF and CDF. Multisectoral teams consisting of members from the five programmes and the programme coordination unit will be set up within UNICEF to coordinate the planning and monitoring of the three multisectoral components. The UNICEF field office in the Northern Region will be strengthened in line with the increased programme focus in the north, and will support programme management, implementation and monitoring at decentralized levels.

TABLE 1 BASIC STATISTICS ON CHILDREN AND WOMEN

Ghana	(1998 and earlier years)	UNICEF country classification
Under five mortality rate	106 (1998)	High U5MR
Infant mortality rate	61 (1998)	High IMR
GNP per capita	$ 390 (1998)	Low GNP
Total population	19.2 million (1998)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1998
Births	(thousands)	403	497	633	712
Infant deaths (under 1)	(thousands)	46	46	47	43
Under five deaths	(thousands)	77	77	80	75
Under-five mortality rate (per 1,000 live births)		190	155	126	106
Infant mortality rate (under 1) (per 1,000 live births)		112	92	74	61

		About 1985	Most recent
Underweight children (under 5)	Moderate & severe	27	25
(% weight for age, 1988/1998)	Severe	6	5
Babies with low birth weight (%, 1988/1997)		17	8
Primary school children reaching grade 5 (%, 1980/1991)		83	80

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1988/1998)	2	34
Timely complementary feeding rate (6-9 mos.) (%, 1988/1998)	57	70
Continued breast-feeding rate (20-23 mos.) (%, 1988/1998)	52	57
Prevalence of wasting (0-59 mos.) (%, 1988/1998)	7	10
Prevalence of stunting (0-59 mos.) (%, 1988/1998)	31	26
Vitamin A supplementation coverage (6-59 mons.) (%, 1998)	..	90
Household consuming iodized salt (%, 1998)	..	28

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1998)		..	35
Routine EPI vaccines financed by government (%, 1998)		..	100
Access to safe water	Total	65	65
(% of population, 1980/1995)	Urban/rural	72 / 33	88 / 52
Access to adequate sanitation	Total	27	32
(% of population, 1980/1995)	Urban/rural	47 / 17	75 / 25
Births attended by trained personnel (%, 1988/1998)		40	44
Maternal mortality rate (per 100,000 live births, 1990-1999)		..	210

Immunization		1981	1985	1990	1998
One-year-old (%) immunized against:	Tuberculosis	67	41	81	66
	DPT	22	23	57	68
	Polio	25	18	54	69
	Measles	23		60	62
Pregnant women (%) immunized against	Tetanus	11	2	33	45

* Aged (1 35 months)

Ghana

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1996*)	Total	79 / ..	77 / ..
	Male	88 / ..	82 / ..
	Female	71 / ..	72 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1991)	Total	41 / ..	37 / ..
	Male	50 / ..	45 / ..
	Female	31 / ..	29 / ..
Adult literacy rate, 15 years & older (%, 1985/1995)	Total	50	64
	Male/female	63 / 37	75 / 53
Radio/television sets (per 1,000 population, 1985/1998**)		195 / 12	500 / 200

DEMOGRAPHIC INDICATORS		1970	1980	1990	1998	2000
Total population	(thousands)	8612	10833	15128	19162	20212
Population aged 0-18 years	(thousands)	4476	5582	7835	9709	10123
Population aged 0-5 years	(thousands)	1561	1936	2721	3144	3241
Urban population (% of total)		29.0	31.0	34.0	37.3	38.0
Life expectancy at birth (years)	Total	49	53	57	60	61
	Male	47	51	55	59	59
	Female	51	55	59	62	63
Total fertility rate		6.7	6.5	6.0	5.1	4.9
Crude birth rate (per 1,000 population)		46	45	42	37	36
Crude death rate (per 1,000 population)		17	14	11	9	9

		About 1980	Most recent
Contraceptive prevalence rate (%, 1988/1998)		13	22
Population annual growth rate (%, 1970-1990/1990-1998)	Total	2.8	3.0
	Urban	3.6	3.6

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1990-1998)		-0.8	1.4
Inflation rate (%, 1965-1980/1990-1998)		23	29
Population below $1 a day (%)		..	..
Household income share (%, 1987-88/1992)	Top 20%/bottom 40%	45 / 17	42 / 20
Government expenditure (% of total expenditure,1988/1993)	Health/education	9 / 26	7 / 22
	Defense	3	5
Household expenditure (% share of total, 1980 or 1985)	Health/education	3 / 5	.. / ..
Official development assistance: (1981/1998)	$US millions	145	701
	As % of GNP	1	7
Debt service (% of goods and services exports, 1982/1997)		10	18

* EFA 2000 database.
**DHS 1998.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1996-2000 [a]

COUNTRY: GHANA
LATEST BOARD APPROVAL: 1995
GENERAL RESOURCES: $15,000,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b	OR	RR b	OR	RR b	OR	RR b	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health	566	13,381	216	357	816	97	1,281	958	2,879	4,075	14,793	8,353	17,672	12,428
Nutrition (Food security and nutrition policy)	189		73		5		200		467	1,455		2,415	467	3,870
Water and sanitation	272	469	72	146	158		281	107	783	1,299	722	3,155	1,505	4,454
Education (Human Resource Development)	218	491	144	269	594	10	740	936	1,696	2,280	1,706	7,310	3,402	9,590
Community-based and development	133	222	76	147	320	401	42	374	571	1,675	1,144	1,930	1,715	3,605
Social Mobilization	161	175	319	133	236	36	571	184	1,287	1,426	528	1,915	1,815	3,341
Social research and NPA goal monitoring	200	25	50	1	391	100	211	44	852	1,540	170	1,175	1,022	2,715
Programme support	169	564	18	43	1,067		700	1,191	1,954	1,250	1,798	575	3,752	1,825
GRAND TOTAL	1,908	15,327	968	1,096	3,587	644	4,026	3,794	10,489	15,000	20,861	26,828	31,350	41,828

RR = Regular resources
OR = Other resources

a Actual expenditure includes expenditure recorded as of 31 May 2000

b Actual GR expenditure includes allocations from global funds

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: GHANA
PROGRAMME CYCLE : 2001-2005

	FUND	2001	2002	2003	2004	2005	TOTAL
HEALTH	RR	1,027,000	1,055,000	1,027,000	945,000	927,000	4,981,000
	FOR						
	NOR	5,059,000	5,209,000	5,175,000	4,838,000	4,819,000	25,100,000
	TOTAL	6,086,000	6,264,000	6,202,000	5,783,000	5,746,000	30,081,000
EDUCATION	RR	815,000	827,000	897,000	1,026,000	954,000	4,519,000
	FOR						
	NOR	812,000	976,000	1,103,000	1,112,000	1,118,000	5,121,000
	TOTAL	1,627,000	1,803,000	2,000,000	2,138,000	2,072,000	9,640,000
DISTR./COMM. CAP. ENHANCEMENT	RR	260,000	260,000	260,000	260,000	260,000	1,300,000
	FOR						
	NOR	270,000	285,000	315,000	330,000	300,000	1,500,000
	TOTAL	530,000	545,000	575,000	590,000	560,000	2,800,000
NUTRITION	RR	447,000	500,000	344,000	373,000	336,000	2,000,000
	FOR						
	NOR	719,000	860,000	998,000	1,082,000	941,000	4,600,000
	TOTAL	1,166,000	1,360,000	1,342,000	1,455,000	1,277,000	6,600,000
RIGHTS PROM. & PROT.	RR	371,000	319,000	267,000	248,000	295,000	1,500,000
	FOR						
	NOR	1,273,000	1,047,000	1,090,000	1,173,000	1,217,000	5,800,000
	TOTAL	1,644,000	1,366,000	1,357,000	1,421,000	1,512,000	7,300,000
CROSS-SECTORAL COSTS	RR	499,000	461,000	635,000	595,000	675,000	2,865,000
	FOR						
	NOR	204,366	232,395	89,699	90,406	97,134	714,000
	TOTAL	703,366	693,395	724,699	685,406	772,134	3,579,000
TOTAL, PROGRAMME BUDGET	RR	3,419,000	3,422,000	3,430,000	3,447,000	3,447,000	17,165,000
	FOR						
	NOR	8,337,366	8,609,395	8,770,699	8,625,406	8,492,134	42,835,000
	TOTAL	11,756,366	12,031,395	12,200,699	12,072,406	11,939,134	60,000,000
STAFF COSTS a		638,268	755,051	800,954	845,923	894,779	3,934,975
GENERAL OPERATING COSTS		134,741	237,314	218,826	240,758	213,807	1,045,446
TOTAL, ESTIMATE SUPPORT BUDGET		773,009	992,365	1,019,780	1,086,681	1,108,586	4,980,421
GRAND TOTAL		12,529,375	13,023,760	13,220,479	13,159,087	13,047,720	64,980,421

RR = regular resources
FOR = funded other resources
NOR = new other resources

a Including consultants and temporary assistance.

TABLE 4

COUNTRY : GHANA
PROGRAME : 2001-2005

SUMMARY OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a										STAFF COSTS b		
	RR	FOR	NOR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																	
HEALTH	4,981,000			4,981,000	0	0	0	1	0	0	1	2	2	5	809,633	568,284	1,377,917
EDUCATION	4,519,000			4,519,000	0	0	0	1	0	0	1	2	2	5	809,633	415,216	1,224,849
DISTR./COMM. CAP. ENHANCEMENT	1,300,000			1,300,000	0	0	0	0	0	0	0	1	0	1	0	219,376	219,376
NUTRITION	2,000,000			2,000,000	0	0	0	0	0	0	0	1	0	1	254,383	219,376	473,759
RIGHTS PROM. & PROT	1,500,000			1,500,000	0	0	0	0	0	0	0	1	2	3	0	310,768	310,768
CROSS-SECTORAL COSTS	2,865,000			2,865,000	0	0	0	0	2	0	2	0	14	16	1,118,207	970,678	2,088,885
TOTAL RR	17,165,000			17,165,000	0	0	0	2	2	0	4	7	20	31	2,991,856	2,703,698	5,695,554
OTHER RESOURCES :																	
HEALTH		0	25,100,000	25,100,000	0	0	0	0	0	0	0	1	1	2	0	300,129	300,129
EDUCATION		0	5,121,000	5,121,000	0	0	0	0	0	0	0	0	0	0	0	0	0
DISTR./COMM. CAP. ENHANCEMENT		0	1,500,000	1,500,000	0	0	0	0	0	0	0	1	0	1	0	219,376	219,376
NUTRITION		0	4,600,000	4,600,000	0	0	0	0	1	0	1	0	0	1	431,912	0	431,912
RIGHTS PROM. & PROT.		0	5,800,000	5,800,000	0	0	0	0	0	0	0	1	0	1	0	142,842	142,842
CROSS-SECTORAL COSTS		0	714,000	714,000	0	0	0	0	0	0	0	0	3	3	254,383	229,283	483,666
TOTAL OR		0	42,835,000	42,835,000	0	0	0	0	1	0	1	3	4	8	686,295	891,630	1,577,925
TOTAL RR & OR	17,165,000	0	42,835,000	60,000,000	0	0	0	2	3	0	5	10	24	39	3,678,151	3,595,328	7,273,479
SUPPORT BUDGET			Operating costs	1,045,446													
			Staffing		0	0	1	2	0	0	3	4	9	16	2,532,813	1,402,162	3,934,975
GRAND TOTAL (RR + OR + SB)					0	0	1	4	3	0	8	14	33	55	6,210,964	4,997,490	11,208,454
	Number of posts and staff costs:																
	Current programme cycle										8	12	31	51			
	At the end of proposed programme cycle (indicative only)										8	14	33	55	6,210,964	4,997,490	11,208,454

RR = regular resources.
OR = other resources.
FOR = funded other resources.
NOR = new other resources.
IP = international Professional.
NP = national Professional
GS = General Service.
SB = support budget.

a Each post, regardless of its funding source, supports the country programme as a whole.
b Excludes temporary assistance and overtime.